

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7	1					
8		1				
9		1				
10		2				
11		2				
12		2				
13		2				
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.						
TOTAL CLAIMS	17					

5
11
19

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
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TOTAL CLAIMS						